TRAN	ISMITTAL FORM  rrespondence after initial filing)	Prisons are required to respond to a col Application Number  Filing Date  First Named Inventor  Art Unit  Examiner Name  Attorney Docket Number	atent and Ti	3 Ailich		
	E	NCLOSURES (Check all	that apply	)		
Fee Transmittal Form Fee Attached  Amendment/Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement		Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatio Change of Correspondence A Terminal Disclaimer Request for Refund  CD, Number of CD(s)  Landscape Table on CD emarks	n ddress	After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):		
Firm Name	SIGNATUR	RE OF APPLICANT, ATTO	RNEY, C	OR AGENT		
Signature  Christine A. Lekutis  Date  August 10, 2005  Medien & Carroll, LLP  Christine A. Lekutis  Reg. No. 51,934						
CERTIFICATE OF TRANSMISSION/MAILING						
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on						

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Cliff Cannon-Cin Typed or printed name

Date August 10, 2005

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AUG 1 5 2005 &	n Act of 1995	no persons are required to	U.S. Patent and respond to a collection of in		PTO/SB/17 (12-04v2) 07/31/2006. OMB 0651-0032 PARTMENT OF COMMERCE a valid OMB control number		
#Exective on 12/08/2004			Complete if Known				
Fees pure dipertition consolidated Appropriations Act. 2005 (H.R. 4818).			Application Number	Application Number 10/630,074			
FEE TRANSMITTAL			Filing Date 07/30/2003				
For	<b>FY 20</b>	05	First Named Inventor	David R. Milich			
[7] Applicant claims amall o	ntitu atatua	Soc 27 CER 1 27	Examiner Name Brown, T.M.				
✓ Applicant claims small entity status. See 37 CFR 1.27			Art Unit	1648			
TOTAL AMOUNT OF PAYM	ENT (\$)	85.00	Attomey Docket No.	VACCINE-07971			
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 08-1290 Deposit Account Name: Medlen & Carroll, LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
BASIC FILING, SEARCH, AND EXAMINATION FEES     FILING FEES SEARCH FEES EXAMINATION FEES     Small Entity Small Entity     Small Entity							
<u>Application Type</u> Utility	Fee (\$) 300	Fee (\$) Fee ( 150 500		ee (\$) Fee (\$)	Fees Paid (\$)		
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Design Plant	200	100 100 100 300		130 65 160 80	. ———		
Reissue	300	150 500			·		
Provisional	200	100 0	0	0 0 0			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Multiple Dependent Claims							
31 - 20 or HP = 1 x 25 = 25  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims							
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)							
- 100 =							
Other (e.g., late filing surcharge): one-month extension 60							
SUBMITTED BY	_						

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Signature	Chute a. 7	Registration No. 51,934	Telephone 415.904.6500
Name (Print/Type)	Christine A. Lekutis		Date August 10, 2005

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